

Added 6/30/11

Address Change



COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

2010 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** not later than **MARCH 31, 2011**. Failure to file by the **March 31, 2011 deadline** may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: LEVINE'S SPECIALITY FOODS, INC.	UTILITY CODE 705452	APPLICATION # A-00118528
CONTACT NAME: MICHAEL LUVINO		
ADDRESS 1: 1293 ASPER DRIVE	ADDRESS 2 (Floor, Suite, etc.):	
4902 CARLISLE PIKE 373		
CITY, STATE, ZIP: BOYLING SPRINGS 17007		
MECHANICSBURG PA 17050		

2011 MAR 20
RECEIVED
ADMINISTRATIVE SERVICES

OPERATING REVENUE FOR CALENDAR YEAR 2010 (January 1, 2010-December 31, 2010) (All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
1. PA INTRASTATE OPERATING REVENUE	\$10,304.04	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$10,304.04	\$	\$	\$

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
	\$	\$	\$	\$
TOTAL (Enter on Line 2 above)	\$	\$	\$	\$

RECEIVED
JUL 15 2011
PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

UCR REGISTRATION INFORMATION

2010 UCR Registered: YES NO

IF YES:

US DOT #: _____ INTERSTATE OPERATING REVENUE: \$ _____

MC Number: _____

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

LOVIN'S SPECIALTY FOODS INC
Utility Name

X [Signature]
Signature

Date: 3/23/2011

MICHAEL LEVIN PRES
Name (Printed) Title

AFFIDAVIT

I affirm that the information reported herein is complete, true and correct.

[Signature] 3/24/11
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

MICHAEL LEVIN

TRADE NAME OR CORPORATE NAME OF UTILITY:

LOVIN'S SPECIALTY FOODS INC.

FEDERAL ID:

25-1728476

TELEPHONE NO.:

Office () Ext.
Cell (717) 805-4045

Name of person to be contacted for additional information:

Name: MICHAEL LEVIN

Telephone: 717-805-4045 Ext.

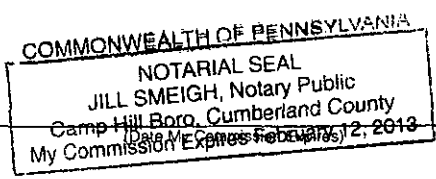
NOTARIZATION (Required)

Subscribed and sworn to before me

this 24th day of March 2011

[Signature]
NOTARY SIGNATURE

OFFICIAL SEAL Notary Public
(Official Title)



2/12/2013

RECEIVED

JUL 15 2011

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU